


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90244 032 ****70.00

DOCUMENT #. N98000007269 1. Entity Name FOUNDATION REVIVAL CENTER CHURCH OF REDEMPTION, INC.			
Principal Place of Business 112 NORTH 29TH STREET FT. PIERCE FL 34954		Mailing Address P O BOX 5525 FORT PIERCE FL 34954	
2. Principal Place of Business 110 N. 29th St Suite, Apt. #, etc. Suite 4		3. Mailing Address Suite, Apt. #, etc. 	
City & State FT. PIERCE FL		City & State 	
Zip 34954		Country ST. LUCIE	
4. FEI Number NO-T APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		1st MOORE CR2E037 (10/05)	
6. Name and Address of Current Registered Agent CARROLL, MARY A 489 S W EASTPORT CIRCLE PT ST LUCIE FL 34953		7. Name and Address of New Registered Agent Name MARY A. CARROLL Street Address (P.O. Box Number is Not Acceptable) 3206 JUANITA AVE City FT. PIERCE FL Zip Code 34956	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Mary A. Carroll</i></u> DATE <u>3-1-06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete CARROLL, MARY A 489 SW EASTPORT CIRCLE PT ST LUCIE FL 34953	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete MILLS, WANDA R 112 MONTEREY OAK DRIVE SANFORD FL 32771	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete CARROLL, TARSHA 3155 SAN SALVADORE AVE JACKSONVILLE FL 32246	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary A. Carroll* 3-1-06 772-332-2127

ATTACHMENT
40032869
#198000007269
LAW OFFICES
DAVID WALKER, P. A.

2207 S. KANNER HWY.
POST OFFICE BOX 1829
STUART, FLORIDA 34995
TEL (772) 286-8686

March 6, 2006

Division of Corporations
Annual Report Section
Post Office Box 6850
Tallahassee, Florida 32314

Re: Foundation Revival Center Church of Redemption, Inc.

Subject: Annual Report

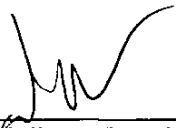
To Whom It May Concern:

Please find enclosed a Not-For-Profit Annual Report regarding the above. Also find enclosed check number 1556 in the amount of \$70.00 which represents the filing fee and the payment for the Certificates of Status.

Kindly return the same to the Registered Agent and if you have any questions please let me know.

Sincerely,

DAVID WALKER, P. A.

BY: 
David Walker, Esquire
For the Firm

DW:mhm

Enc.

cc: Mary Ann Carroll